Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |   |                                      |                                  |                             |                                       |             | SMALL ENTITY TYPE   |   |                   | OTHER THAN          |                        |
|--|--|---|--------------------------------------|----------------------------------|-----------------------------|---------------------------------------|-------------|---------------------|---|-------------------|---------------------|------------------------|
| TC   | OTAL CLAIMS                                |   |                                      |                                  |                             | (Coldifilit 2)                        |             |                     |   | OR<br><b>7</b> .1 |                     |                        |
| FC   | )B   |   | NIIMBED                              |                                  | All IME                     |                                       | ŀ           | RATE<br>BASIC FEE   | FEE                                     | 4 1               | RATE                | FEE                    |
| <u> </u>                                       |  |   |                                      | NUMBER FILED                     |                             | NUMBER EXTRA                          |             | BASIC FEE           | 370.00                                  | OR                | BASIC FEE           | 740.00                 |
|  | OTAL CHARGEA                               |   | 28 min                               | minus 20=                        |                             | * 8                                   |             | X\$ 9=              |   | OR                | X\$18=              | l                      |
|  | DEPENDENT CL                               |   | <del></del>                          | inus 3 =                         | Ø                           | Ø                                     |             | X42=                |   | OR                | X84=                |                        |
| L  |  | NDENT CLAIM PR                            |                                      |                                  |                             |                                       | Ī           | +140=               |   | OR                | +280=               |                        |
| * If   | the difference                             | e in column 1 is                          | less than ze                         | ∍ro, enter                       | r "0" in c                  | olumn 2                               | •           | TOTAL               |   | OR                | TOTAL               |                        |
|  | С  | LAIMS AS A                                | MENDEC                               | ) - PAR                          | T II                        |                                       |             | •                   |   | 1 -               | OTHER               | THAN                   |
| _  |  | (Column 1)                                | _                                    | (Colur                           | mn 2)                       | (Column 3)                            | •           | SMALL E             | ENTITY                                  | OR                | SMALLE              |                        |
| <b>AMENDMENT A</b>                             |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGH<br>NUMI<br>PREVIO<br>PAID   | IBER<br>OUSLY               | PRESENT<br>EXTRA                      |             | RATE                | ADDI-<br>TIONAL<br>FEE                  |                   | RATE                | ADDI-<br>TIONAL<br>FEE |
| ENDN   | Total                                      | *   | Minus                                | **                               |                             | =                                     |             | X\$ 9=              |   | OR                | X\$18=              |                        |
| AM   | Indep ndent                                | *   | Minus                                | ***                              | 4184                        | =                                     |             | X42=                |   | OR                | X84=                |                        |
| <u> </u>                                       | FIHOI FREGE                                | ENTATION OF ML                            | JLTIPLE DEF                          | 'ENDEN I                         | CLAIM                       |                                       |             | +140=               |   | OR                | +280=               |                        |
|  |  |   |                                      |                                  |                             |                                       | L.          | TOTAL<br>ADDIT. FEE |   | 1                 | TOTAL<br>ADDIT. FEE |                        |
|  |  | (Column 1)                                |                                      | (Colun                           |                             | (Column 3)                            | <i>r</i> -v | .UUII. FEE E        | -                                       | i .               | ADDN. FEE           |                        |
| AMENDMENT B                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGH<br>NUME<br>PREVIC<br>PAID I | HEST<br>IBER<br>OUSLY       | PRESENT<br>EXTRA                      |             | RATE                | ADDI-<br>TIONAL<br>FEE                  |                   | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON  | Total                                      | *   | Minus                                | **                               |                             | =                                     |             | X\$ 9=              |   | OR                | X\$18=              |                        |
| AME  | Independent                                | *   | Minus                                | ***                              |                             | =                                     |             | X42=                |   | OR                | X84=                |                        |
|  | FIRST PHESE                                | NTATION OF MU                             | JLTIPLE DEP                          | ENDENT                           | CLAIM                       |                                       |             | +140=               |   | OR                | +280=               |                        |
|  |  |   |                                      |                                  |                             |                                       | L           | TOTAL               |   |                   | TOTAL               |                        |
|  |  | (Column 1)                                |                                      | (Colum                           | ~n 0)                       | (Column 3)                            | Αι          | ADDIT. FEE <b>L</b> |   | , Oi . ,          | ADDIT. FEE          |                        |
| O  |  | CLAIMS                                    |                                      | HIGH                             | EST                         | -                                     | г           |                     | ADDI-                                   |                   | <del></del>         | ADDI-                  |
| AMENDMENT C                                    |  | REMAINING<br>AFTER<br>AMENDMENT           |                                      | PREVIO<br>PAID F                 | OUSLY                       | PRESENT<br>EXTRA                      |             |                     | TIONAL<br>FEE                           |                   | RATE                | TIONAL<br>FEE          |
| §<br>N   | Total                                      | *   | Minus                                | **                               |                             | =                                     |             | X\$ 9=              |   | OR                | X\$18=              | <u> </u>               |
| AME  | Independent                                |   | Minus                                | ***                              |                             | =                                     | 十           | X42=                |   | ŀ                 | X84=                |                        |
| Ù  | FIRST PRESE                                | NTATION OF MU                             | JLTIPLE DEP                          | ENDENT                           | CLAIM                       |                                       | H           | ^446-               | ——————————————————————————————————————— | OR                | A04-                |                        |
| * 1  | f the entry in colu                        | mn 1 is less than the                     | he entry in colu                     | o write                          | "O" in col                  | · · · · · · · · · · · · · · · · · · · |             | +140=               |   | OR                | +280=               |                        |
| **   | If the "Highest Nun<br>If the "Highest Nur | mber Previously Pai<br>mber Previously Pa | aid For" IN THIS<br>aid For" IN THIS | S SPACE is<br>IS SPACE is        | s less than<br>is less thar | n 20, enter "20."<br>In 3, enter "3." |             | TOTAL<br>DDIT. FEE  |   |                   | TOTAL<br>ADDIT. FEE |                        |
|  | The Highest Num                            | ber Previously Pair                       | d For" (Total or                     | Independe                        | ent) is the                 | highest number fo                     | ioun        | id in the appr      | ropriate box                            | in coli           | umn 1.              | 1                      |